



DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND
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FORT SAM HOUSTON, TEXAS 782348010

REPLY TO
ATTENTION OF

MCHO-CL-P

6 September 2001

MEMORANDUM FOR Commanders, MEDCOM RMCs/MEDCENS/MEDDACs
ATTN: Chiefs, Patient Administration Division

SUBJECT: Reserve Component (RC) Soldiers Requiring Medical Care
Upon Demobilization

1. Reference: Procedural Guidance for Management of Reserve Component (RC) Soldiers on Active Duty Medical Extension (ADME)
2. The demobilization process entails several key functions that must be accomplished. During this process, the needs of the RC soldier must be foremost while completing these functions. In the demobilization process, the RC soldier must have a line of duty (LD) (initiated and completed as required); post-deployment health assessment; medical evaluation and treatment (as required); and a medical evaluation board (MEB) initiated (as required). The patient administrator is the integrator to make sure these actions are completed in an efficient and timely matter. In addition, the Patient Administration Directorate/Division will coordinate the establishment of points of contact (POCs) for the various functions mentioned above.
3. Patient Administrators, along with clinical staff, must ensure RC soldiers placed in an ADME status receive the required medical care in a timely matter, as well as maintaining accountability/visibility of the soldier throughout his/her ADME status. This will require continuous and timely coordination and the establishment of POCs within the medical facilities (military treatment facilities (MTFs), Department of Veterans Affairs (VA) facilities, and civilian facilities), RC unit administrators/incapacitation specialists, and the Military Medical Support Office (MMSO). Throughout this process, the soldier will be kept abreast of on-going actions. Any changes in the soldier's status, i.e., transfer of medical care, medical condition, MEB proceeding, etc., will be reported to the RC

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Liaison Office at the Regional Medical Command (RMC), or to the incapacitation specialist for the RC.

4. Before a RC soldier is released from AD, we must ensure (from a medical standpoint), the soldier is fit for military duty; restored to previous level of function (returned to pre-deployment functional status); and has completed medical treatment and recovery through follow-up appointment(s). The ADME status is afforded only to RC soldiers that will require medical care beyond 30 days.

5. Active duty medical extension status does not extend to members who have initiated, but not completed, elective medical courses of treatment for pre-existing conditions. These individuals should be released from AD or returned to their civilian occupation and referred to their civilian provider for further care.

6. When a physician determines that the soldier's treatment or MEB is required and the process will extend beyond 30 days, the soldier has two options:

a. Sign a release statement stating that the soldier declines an ADME to receive medical care. The soldier is eligible for care in the military health system up to 30 days after release from active duty (REFRAD), but the MTF must provide a letter of authorization (see Figure 1). Any request for treatment of a LD injury after the provisional 30 days, must be accompanied by a letter of authorization from the soldier's commander stating that further care is needed.

(1) Treatment of post medical problems after REFRAD may also be obtained through coordination with the VA under 38 Code of Federal Regulation, Sections 17.46 and 17.47, when mobilization is the result of a federal order or directive. The soldier must furnish a copy of DA Form 2173, Line of Duty, DD Form 261, Report of Investigation Line of Duty and Misconduct Status, and DD Form 214, Certificate of Release or Discharge From Active Duty. The DD Form 214 must reflect that the soldier was federalized to AD by executive order and indicate that he/she completed the entire or total period of activation.

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(2) For those soldiers whose medical care may be provided by a VA facility, it is advisable to coordinate with the VA representative that supports your installation's Transition Point and have him/her counsel these soldiers regarding their VA benefits prior to their release.

b. Consent to remain on AD. Soldiers who consent to remain on AD will be "attached" to an Army MTF for initial medical care. After receipt of initial medical care, these soldiers can be relieved from their initial attachment and attached to the MTF closest to their home if medically necessary. If it is not medically necessary to attach the soldier to an MTF, the soldier can be attached to an active component or RC unit closest to his/her home of record.

7. The soldier must complete a request for ADME (see Figure 2) and, once completed, the request will be forwarded to the appropriate RC incapacitation specialist for processing. The MTF may authorize the soldier to receive medical care at another medical facility (military or civilian) if geographically more advantageous to the soldier's home and unit location and expeditious medical management is not compromised.

8. Once a soldier is placed in an ADME status and attached to the Medical Holding Company of the MTF, the company must complete a standard installation/division personnel system transaction upon the soldier's arrival, process the soldier for pay, and ensure that the soldier is placed in the Defense Enrollment Eligibility Reporting System.

9. If a RC soldier is further attached to another MTF for medical care, the initial MTF will coordinate the transfer of the soldier's medical care with the gaining MTF. The soldier will be provided with a letter of instruction (LOI).

10. For soldiers who require traveling for outpatient appointments, the MTF POC will coordinate the travel of the soldier with the RC unit administrator/incapacitation specialist.

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11. Medical Care: The MTF coordinates the medical care regardless of where the care is provided.

a. A demobilization medical flow sheet is provided at Figure 3. Reserve component soldiers, who elect to remain at the MTF that provided his/her initial care, will continue to receive their care from that MTF. Any medical care required from a civilian source will be coordinated by the MTF. The MTF will provide any pre-authorizations.

b. A RC soldier may elect to receive his/her medical care at a MTF close to their home of record. In some cases, this MTF may be a VA facility. The initial MTF will coordinate the care and administrative details with the gaining MTF prior to the soldier's departure. The soldier will be provided a LOI which will contain dates and times of any pre-arranged appointments, POCs for the gaining facility, clinic service that has been providing his/her medical care, name and telephone number of the soldier's previous health care provider, and any other pertinent information. The soldier will report to the gaining facility with his/her health/dental records, DA Form 2173, DD Form 2795, Pre-Deployment Health Assessment, and DD Form 2796, Post-Deployment Health Assessment.

c. For those soldiers whose home of record or designated place of duty is in a remote (geographically separated unit) location, the initial MTF must coordinate with the gaining MTF that has geographic responsibility for the remote area prior to the soldier's departure. The soldier will be provided with a POC at the gaining MTF. When medical care is required, the soldier will notify the MTF POC who should contact the Regional Medical Command (RMC) RC liaison who facilitates coordination with the MMSO to receive the proper authorization for medical care. The MTF POC will also notify the soldier's incapacitation specialist of the soldier's pending appointment.

d. Those soldiers that are in an ADME status that require a MEB, the initial MTF should initiate the MEB process when


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possible, prior to the soldier departing to his/her home of record. In cases where it is not possible, the initial MTF will ensure that the gaining MTF (geographical responsibility) receives all medical documentation associated with the soldier's care in order for the gaining MTF to initiate the MEB. The MEB will be processed through the physical disability channels. It would be advisable to coordinate with the President of your local Physical Evaluation Board to explore the possibility of expediting MEBs received for RC soldiers demobilizing.

e. If a RC soldier states after he/she has been released from AD that he/she has a medical condition which is the result of deployment, the unit must initiate a LD prior to the soldier receiving an evaluation or medical care at a MTF.

12. Any comments/questions can be directed to the undersigned or to the Patient Administration Division, Office of the Assistant Chief of Staff for Health Policy and Services, Headquarters, U.S. Army Medical Command.


LARRY J. CLARK
Colon&l, MS
Patient Administration Staff
Officer

S A M P L E

FIGURE 1
LETTERHEAD

OFFICE SYMBOL

DATE

MEMORANDUM FOR NAME, RANK, SSN, UNIT OF ASSIGNMENT

SUBJECT: Medical Treatment Letter of Authorization/Instruction

1. Under the provisions of paragraph 4-2k, Army Regulation (AR) 40-3; paragraph 2-4, AR 135-381; and message #102053Z, Nov 94, you are advised of the following:

a. Upon release from active duty (REFRAD), Reserve Component (RC) and National Guard (NG) soldiers are authorized 30 days of health care at any Uniformed Services Military Treatment Facility (MTF). (Coordinate TRICARE benefits with nearest Uniformed Services MTF.) At the conclusion of the 30 days, you are authorized care for any in line of duty injury, illness, or disease at any Department of Veterans Affairs or Department of Defense medical facility. (Ensure that the soldier has the documents specified in paragraphs 6a and 11b of the information paper prior to his/her release.)

b. You have been diagnosed as having the following medical condition(s): _____

c. Your injury/disease was first treated at _____ on _____

2. Responsibility for medical treatment has been transferred to: _____

3. Your next appointment is scheduled for _____

4. The point of contact (POC) for RC soldiers is the Reserve Liaison Officer in your regional medical command (RMC). They are listed below.

North Atlantic RMC at WRAMC, DSN 662-3476 or COM (202) 782-3476
Southeast RMC at DDEAMC, DSN 773-2480/1 or COM (706) 787-2480/1
Western RMC at MAMC, (DSN) 782-2040/4140 or COM (253) 968-2040/4140
Great Plains RMC at BAMC, DSN 421-2487 or COM (210) 295-2487

5. The POC for NG soldiers is STARC Headquarters in your state.

6. The POC (name/telephone number) at the MTF is: _____.

Chief, Patient Administration

Signature Block

S A M P L E
FIGURE 2
LETTERHEAD

OFFICE SYMBOL

DATE

MEMORANDUM FOR WHOM IT MAY CONCERN

SUBJECT: Request for Active Duty Medical Extension (ADME) Status

1. I, _____ request an extension on active duty (AD) to receive medical treatment for injury(s), illness(es), or disease(s) incurred while on AD.
2. I understand that I will be attached to the closest military treatment facility to my home and may be provided the opportunity to perform "duty at" a unit (Active Component or Reserve Component) near my home. This is contingent on the medical treatment required and availability of medical resources in that area.
3. While on AD, I am subject to the Uniform Code of Military Justice and applicable laws and regulations that govern my duties, actions, conduct, performance, responsibilities, and obligations.
4. The following are my responsibilities, as I understand them:
 - a. I will report for duty on the date and time specified on my orders. My duty station will be the unit designated by my orders.
 - b. I will ensure that I clearly understand my chain of command at my new duty station.
 - c. I will keep my chain of command informed of all medical appointments. Medical appointments are my designated place of duty on the specified date and time.
 - d. I will attend all medical appointments unless they are clearly beyond my control and the appropriate authority has approved the changes. Failure to meet appointments as required may result in immediate release from AD and loss of release from active duty (REFRAD) medical benefits. The REFRAD will be in accordance with Army Regulation 600-8-101, Personnel Processing (In- and Out- and Mobilization Processing).
5. I understand leave is accrued while in an ADME status.
6. Active duty days will revert to retirement points upon REFRAD.
7. I understand I compete for promotion on the Reserve Active Status List for not more than 3 years or from the date ordered to AD.

Office Symbol

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8. I understand upon completion of my treatment/board action, I will be REFRAD/discharged.

9. I understand that when on AD under ADME status, I am not entitled to Permanent Change of Station entitlements.

10. I understand that I will not receive per diem while performing duty at the above designated unit.

11. I understand that I will receive BAQ/BAS/VHA entitlements.

12. I understand a copy of this letter will be placed in my official file and forwarded to my gaining command.

13. I acknowledge that I have read and understand the information contained in this letter.

(Soldier's Signature/Rank)

(Date)

(Signature/Rank of Individual Providing Counseling)

(Printed Name/Rank of Individual Providing Counseling)

Date: _____ Phone #: _____

Figure 3
Demobilization
Medical Flow Sheet

